AZ Medicaid Technical Consortium Meeting

April 11, 2006
11:00 a.m. – 12:00 p.m.
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Denny Bierl, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS	**AHCCCS, Cont.**	**Evercare**
Ben Cariel	*Midia Giliana*	*Lynn Allen*
Brian Heise	*Mike Upchurch*	**MCP & Schaller Andersen**
Dimiter Pekin	*Nancy Upchurch*	*Cathy Jackson-Smith*
Harvey Wood	*Patti Goodwin*	*Walter Janzen*
Ian Hubbert	*Peggy Brown*	**Maricopa**
Jeff Kearn	*Stacy Westerholm*	*Dave Abraham*
Jerri Gray	*Susan Ackley*	**PHS**
Kevin Gibson	**AmeriChoice**	*Mark Hart*
Rhonda Greene	*Schemell Moore (teleconference)*	*Mary Kaehler*
Thao Nguyen	**APIPA**	**Pinal LTC**
AHCCCS	*Sharon Zamora*	*Cheryl Davis*
Barbara Butler	**CMDP**	**UFC**
Brent Ratterree	*Raman Ramachandran*	*Eric Nichols*
Christi Coppedge	**Care 1st**	**UHC**
Deborah Burrell	*Marlene Peek*	*Doug Malmgren*
Ester Hunt	**Cochise Health Systems**	*Scott Mack*
Jacque McElroy	*Marcia Goerdt*	*Ramana Tunuguntla*
John Murray	*Susan Speicher*	**United Drugs**
Kathy Bezon	**DES**	*Alfonso Munguici*
Lynn Hopkins	*David Gardner*	**Yavapai County**
Mary Kay McDaniel	*Sam Sampong*	*Becky Ducharme*
	Dave Holly	*Jeanne Willis*

WELCOME AND INTRODUCTION (DENNY BIERL):

Thank you for coming. We will be discussing where we are in the NPI project at AHCCCS today. John Murray and Mary Kay McDaniel will provide some technical information as to how the project has progressed to date. Our provider and reference subsystems have been promoted into the test environment, so be advised that those of you who are conducting test transactions will be noticing some differences. We are also revisiting the promote schedule, as well. We will have an open forum for questions at the end of this meeting. We'd like to hear from you in terms of where you are in your implementation and how things are going for you. We do still need a Health Plan to conduct pre-testing with us in August and September before we implement the testing into the whole system.

NPI UPDATE (Mary Kay McDaniel):

There is a WEDI and NPI hearing. Did you get your NPI testimony in? Are there any issues with your NPI implementation? Are there any issues with service addresses or how to pay a provider in different locations?

There will be an HL7 meeting in May looking at claims attachments. There are over 1,000 responses received concerning this, and we are working on them. Even negative comments are welcome. They expect another 500 from CMS before we're done.

The X12 5010 837 has been approved. It is at the publisher, and will be put forward at the next DMSO meeting in September. It is expected to be pushed forward for approval. There will be new transactions. One of the things agreed to at the last X12 meeting is unbundling the HIPAA suite. That means that the 834 5010 can be approved to be put forward as a standard separate from the 837. House Bill 4157 has been approved; the Senate plan has the same wording, which is latest versions that handle the ICD-10. There are large organizations that oppose these bills, but if approved it will be mandated as of October 2009. But the American Medical Association (AMA) and American Hospital Association (AHA) are pushing for earlier promotion.

The 5010 270-271 is out for public comment, and we encourage you to review the transaction. It has interesting look up functionality that is required with the transaction. Today a payer you can tell the Health Plans they don't have information about the member and if the Health plans cannot locate the member, they can say they don't have them enrolled. The 5010 270-271 doesn't work that way. It gives the list of search functions that the Health Plan must provide. If the Health Plans disagree with that, they need to say as much. It has gone through X12. It is out for public review.

The Council for Affordable Quality Health (CAQH) has a committee on Operating Rules Information Exchange (CORE) program that is writing what they call Industry Standard. They have the Phase 1 Standard together and the industry is pushing this (See http://www.caqh.org/).

At last count (end of March) a total of 8,620 NPIs have been assigned to providers in the state of AZ. 7,718 are individual providers, 902 are organizations. Two hospitals have registered with AHCCCS, 298 others, the majority of which are individuals.

Medicare is accepting NPIs on 837s now. They have seen over 8,000 claims come through with NPIs. You will be seeing them. They are working on their crosswalk. They seem to be pretty firm about the May 23, 2007 implementation date. They indicate that electronic claims will be expected to have the NPIs.

HL7 has also released their Continuity of Care record for ballot. The functional model for the electronic heath records has been voted on in HL7.

The National Uniform Billing Committee (NUBC) now has definitions for inpatient and outpatient. They do not necessarily match the definitions for Medicare. Medicare is bound to accept the definitions, so you will see changes in your billing, especially those 2XX revenue codes.

AHCCCS PROJECT UPDATE (Denny Bierl):

During the last meeting we discussed some of the key decisions made concerning NPI and paper claims we've made until now. The approach we are using is to crosswalk from the NPI to our existing AHCCCS provider registration numbers. It was too large a project to actually change the entire system to include the 10 digit number, plus the fact that we will still have providers with the six-digit provider numbers for our atypical providers such as taxi drivers and attendant care providers. Our transactional interfaces between Health Plans and Providers, pharmacies, and so forth, is to receive the NPI, crosswalk it into our existing number and crosswalk it back out to the 835 with the NPI so you receive the original value.

Our project is broken into subsystems within the PMMIS system. We had to find a place to store the NPI number. There was system functionality that demanded rethinking the way AHCCCS has operated over the last twenty years. The clearest example of that are the many AHCCCS providers who have two AHCCCS registration numbers. The primary reason could be providers who work for Indian Health Services as well as a separate community practice. Or, where there are two different license types in two different kinds of service. AHCCCS will be consolidating the registration numbers of all such providers so that they eventually will have just one. The system to support that will be promoted at the end of May. We are targeting January of 2007 to coordinate the change to the business process.

The date for NPI to be effective is May 23, 2007. AHCCCS will be ready to accept the existing AHCCCS ID or the NPI on January 1, 2007. This will leave a 4-½ month window where providers can begin using this NPI. One of the education hurdles going forward will be to ensure the providers notify not only the Health Plans, but notify AHCCCS. Because if a Health Plan submits an encounter with a NPI, but AHCCCS doesn't have NPI loaded into the account, the encounters will pend.

There is confusion among providers right now. Some might think it will replace credentialing and provider enrollment, which is not true. AHCCCS recommends you notify the providers through your newsletters and communications. AHCCCS is committed to informing the providers of the necessity to get the NPI to us. As we get closer to 2007, we will target providers who still do not have the NPI.

Providers and Reference subsystems are in Test region now. John Murray will discuss some of the layout changes. We notified you in December of some of the changes. Claims and Encounters will be going up in June. We want to inform you once again that if you are currently testing encounters, the test system will look different. Make sure you change your systems accordingly.

October 1, 2006 we plan to open testing to everyone, so that we will all be ready for January 1, 2007 implementation date. We are still looking for a partner Health Plan to help us test with more robust test files in August and September to help us flush out the potential bugs. If anyone is interested, please email me, or call me.

The other subsystems will have less impact on external partners. They will be promoted into test in July, and then into production in September.

We have sent a survey to hospitals to assess how they plan on enumerating the NPI, and what their definition of a sub-part might be. The sub-part regulations as we read them are very flexible and could be interpreted differently than we do, although those who have responded are registering the hospitals, and the hospices and home health agency. This lines up with how AHCCCS is currently enumerating them, although we still want to be watchful, as potentially they could register their Emergency rooms separately from their Inpatient, and so on. If you do see anything out of the ordinary, please do let us know.

Provider File updates (John Murray):

I spoke with some of you concerning the Reference and Provider extract file layout at the last Consortium. There has been some confusion; apparently the extracts were available in more than one web location in the past, and some of you were concerned that the layouts did not reflect the file you actually received. We took this opportunity to assure the layouts were all correct; and changed

the location on the web. There is now one location where you'll find the layouts for the five extracts for the Provider, and three for the Reference. You can find the Encounter Report and User Manual (draft). In section 5a through 5e you'll see the layouts. There are two changes we made in support of the NPI project. The first, on page six of section 5 is a record P1, the demographic record. On there we've added the NPI indicator, a yes/no specifying whether the provider requires an NPI number or not. One of the challenges were how best to maintain this. We've created table RF636 to specify yes or no by provide type. In most cases we'll take it as a default from the records table. But we understand that there will be exceptions, such as the Milk Bank, which does not qualify for an NPI. That way we do not inadvertently pend an encounter that failed to submit an NPI when it does not require one. We have allowed for the user to override the indicator and specify 'no', a particular provider does not require an NPI. In support of that on page 5-11, we created a new record, R4, in which we store the Provider Alt ID. This is where we will crosswalk the NPI to the AHCCCS 6 digit provider ID, thereby only having minimal changes internally to support the NPI project, while remaining compliant by translating at the front end, and the encounter will store the incoming NPI. Currently, this is in testing. We will be going live end of May 2006, and you will begin to see these new provider layouts at that time. The R4 or NPI indicator we've placed at the bottom of the record. The length has not changed, so if you haven't coded for it as yet, you shouldn't be impacted. We hope you have coded for it, of course, as we'd like your feedback. Again, it's on the test server, so please go out and look at them and give us any feedback you might have. We will be in by May 23, 2006.

The Provider Affiliation file is not going to be required early in this project, so it has been pushed back. We do not have an exact timeframe, as we need to sit down with the User to complete the R&D. From the conversation so far, we recognize an area where we need to store the NPI. We have not determined whether that is going to be a required field on the flat file, but will iron that out in the next few weeks.

HP – On encounters coming in to AHCCCS, will the NPI be converted in the EDI translation process, or will it be identified separately?
John Murray – As far as the encounter is concerned, the layout will support either the NPI compliant provider or the six digit AHCCCS ID.
HP – Will you crosswalk into the mainframe?
Mary Kay McDaniel – It's in the application side, not in the translation. What we will move is what you sent.

Miscellaneous Issues (Mary Kay McDaniel):
HP – In a normal file, we will receive a billing provider, a paid-to provider, a rendering provider, etc. Will an NPI be required for all of these?
Mary Kay McDaniel – Let's walk through some of those changes. There are some examples in the handouts. A billing provider will only have an NPI when he is equal to the rendering provider and no 2310 loop is furnished. Health plans may experience a group NPI at the billing level. From an encounter perspective, we do not accept a group NPI at the billing level. If the provider is not a group link and it's not a rendering provider, it will pend. We are not changing the way you bill. You do not submit a billing service as the billing provider on a claim. The rules have not changed, just the ID number.

HP – What is the best way for providers to let AHCCCS know their NPI?
Mary Kay McDaniel – They can mail it, fax it, or FedEx it.
HP – There is no form online to enter the provider NPI, though.
Mary Kay McDaniel – That's true, there is no web-based entry as yet.
Denny Bierl – This was also discussed in last month's Claims clues.

Dup Edits (Mary Kay McDaniel):
There was a question last month concerning dup edits and whether the locater code is used in performing those edits. It is not. Further, with the advent of the NPI, if a location is billing three times a day for the same patient, it will dup. The actual transaction specs are laid out in the Dual Use of

NPI and Legacy IDs from WEDI. AHCCCS is not using a dual use strategy. If an NPI comes in on an encounter, the NPI is what is looked at. The 270-271 only recognizes an NPI if it is supplied. As John pointed out, we will first look for the NPI in the placeholder. This is specified in the documents.

There will be changes to the CCL file. Please review this. The record length has increased to 100. AHCCCS has gone to CCYYDD on date records.

We wanted to review the anatomy of an HP ID number in encounter transactions. This is a 6 digit number, and must include the 3 digit TSN plus the 1 digit input mode. If you submit an ID in the 2320 loop, but it is identical to the 1000A NM109, it will not match. We're seeing Acute HP Ids at the 1000A NM109 and the LTC HP ID at the 2320 loop. Which means we do not have HP Paid amount. If you need RI, there is no HP paid amount. We are seeing this in LTC and LT HP with Acute. If you submit for RI, and think the numbers do not match up, check the HP ID.

AHCCCS is looking at a validator. We hope that it will reinforce the 837 standards. Those of you who may have been able to send in incorrect taxonomy codes will no longer be able to do so; these will fail the validator. If you have a validator, begin to use it to avoid file rejection for this, as well as other problems, like a provider address not matching the facility address.

Open Forum (Various):

HP – When will the cutoff date be?
Mary Kay McDaniel – You will have plenty of notice.
HP – Have the X12 837s been approved with the new claim form types?
Mary Kay McDaniel – Yes, the 5010s are approved, and the new UB04 claim forms are out there already. Keep in mind the cutoff date is 5/23/07. The new 1500 is due out some time before that. Plus, there is a committee already working on the dental claim form. Interestingly, one of the issues being discussed at present is how to print it in red, as that is easier for OCR.
Denny Bierl – Just a reminder: after May 22nd, the provider and reference files will look different. AHCCCS should publish ways to notify us of new NPI numbers. Please be aware that the formats will change before the May 23rd cutoff. We will accept the new formats as early as January 1, 2007. We will be in production with the encounters. Don't focus solely on May 23rd.

HP – Where can we find a description online of the NPI? The description field is only fourteen characters long.
Mary Kay McDaniel – the simplest way to find it would be to download it directly from CMS.
John Murray – Brent could write an SSR.

HP – Are there any plans to update the PR030 table?
Mary Kay McDaniel – No.

HP – Is there a screen currently where the NPI is visible?
John Murray – Not as yet. You should see the format changes by the end of May, with certain screens showing the NPI. The majority of Provider screens will have the NPI visible. For instance, PR002, the Alt ID screen, will have the NPI visible. It will be listed as "NP."

Next Meeting (Denny Bierl):

The next Consortium will be held on May 16, 2006. There are meetings scheduled through July, and we'd like to encourage you to propose agenda topics. If you call me or email us a couple weeks in advance, we will try to include it on the upcoming meeting.